Agency Report of: Ceremonial Role Events and **Ticket/Admission Distributions**

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Aganay Nama					
Agency Name	Date Stamp	California 202			
CITY OF INDIAN WELLS		Form OUZ			
Division, Department, or Region (if app		For Official Use Only			
Street Address					
44950 ELDORADO DRIVE					j
Designated Agency Contact (Name, Title)				
RODERICK J. WOOD, INTERIM CIT	Y MANAGER			Amendment (Must p	provide explanation in Part 3.)
Area Code/Phone Number E-mail	Date of Original Filing:(month, day, year)				
760/346-2489 rwood@	indianwells.con	n			
Function, Event, or Ceremonial	Role Informati	tion			
Title BNP PARIBAS OPEN TENNIS			Face V	/alue of Each Admis	sion \$ <u>152.00</u>
	_				
Description TENNIS TOURNAMEN	1		Date(s	s) <u>3 / 10 / 12</u>	
Ticket(s)/Admission(s) provided by	y agency? Yes	☑ No □	If no:	Name o	f Source
Was the distribution to persons id-	entified below r	nade at the	e behest of	f an agency official?	
Yes □ No ☑ If yes:					
Yes No I If yes:	Official's	Name (Last, F	irst) and Title		
The identity of recipient(s) and	the explanation	on:			
Name	100	***	• Check th	e income box if the agency o	official claims admission as
(Last, First)	Number of	Agency	RESERVE CONTRACTOR CONTRACTOR	ncome. If the agency official vide a description.	performed a ceremonial role,
Organization	Admission(s)/ Ticket(s)	Official	• If not ince	ome, describe the public pur	pose, including
(Name, Address, Description)		146		ial roles, performed by an ag tion.	
Roche, Mary T.	3	Yes ☑			Income
Troons, Mary 1.	3	No 🗖			<u> </u>
		Yes □ No □			Income
		Yes 🗖			Income
		No 🗆			
	-	Yes 🗖			Income
		No 🗖			
		Yes 🔲			Income
		No 🔲			
Verification					
I have read and understand FPPC Regul	ations 18944.1 an	d 18942. I ha	ave verified t	hat the distribution of ac	dmissions, set forth above,
	•				
	DOD	INTE	4-10-12		
	Print Name				
	Print Na	me		Title	(month, day, year)
	Print Nai t for any additional ii		ludina amendi		